

October 11, 2004

Re: MDR #: M2-05-0021-01  
IRO #: 5055

Dear \_\_\_\_

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Spine Surgery and is currently listed on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- correspondence 12/11/03 – 08/24/04
- case summaries 06/02/04 & 03/04/04
- carrier's request for review
- chiropractic peer review 07/30/04
- history & physical exam 09/10/03
- peer reviews 12/03/03 & 12/05/03
- designated doctor exam 11/03/03
- required medical exam 09/10/03
- impairment rating 11/03/03

Information provided by Treating Doctor:

- letter of medical necessity 08/17/04
- evaluations and office notes 12/19/03 – 08/31/04
- daily progress notes 11/26/03 – 09/08/04
- FCE 08/31/04
- nerve conduction study 12/08/03
- procedure note 01/08/04
- radiology report 07/25/03

Information provided by Spine Surgeon:

- office notes 02/04/04

Information provided by Physical Medicine Specialis:

- office notes 07/16/03 – 10/24/03
- operative reports 09/04/03 & 09/29/03

**Clinical History:**

The claimant is a 47-year-old gentleman injured \_\_\_\_\_. He has had low back pain since that injury. He has been through extensive conservative measures including chiropractic therapy, formal physical therapy, epidural steroid injections, and fact injections, all with persistence of his symptoms.

**Disputed Services:**

Lumbar discogram with CT at L4-5 and L5-S1, with control at L3-4 and post discogram CT.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that lumbar discogram with CT at L4-5 and L5-S1, with control at L3-4 and post discogram CT is medically necessary in this case.

**Rationale:**

Report of an MRI dated 7/24/03 reveals degenerative changes at L4-L5 and L5-S1. The patient has a persistence of low back pain despite appropriate conservative measures. To determine if the bottom discs may be the pain generators, then lumbar discography is medically necessary.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_\_ is deemed to be a Commission decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 11, 2004.

Sincerely,